

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006957

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 36

FILED MAR 1 1962

1. PLACE OF DEATH
a. COUNTY JEFFERSON2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY JEFF.b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN RURAL ROCK

Length of stay in 1b

c. CITY OR TOWN FESTUS

Inside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION NONEInside Limits
Yes ☐ No ☐

d. STREET ADDRESS R#1 (If outside, give location)

Reside on Farm
Yes ☐ No ☐3. NAME OF DECEASED (Type or print)
First Middle Last

Hubert

A.

CARR

4. DATE OF DEATH
Month Day Year

2-

24-

62

5. SEX
MALE6. COLOR OR RACE
WHITE7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
12-10-199. AGE (last birthday)
42IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
ELECTRICIAN10b. KIND OF BUSINESS OR INDUSTRY
P.P.G.CO.11. BIRTHPLACE (City and state or country)
KASKASKIA, ILLINOIS12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

JAMES L. CARR

13b. MOTHER'S MAIDEN NAME

MYRTLE LOUVEAU

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
YES WW2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

JAMES E. CARR FESTUS, MO

R#1

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Multiple fractures of Internal Injuries

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Two car Auto-Accident.

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Highway.20f. CITY, TOWN, OR LOCATION
Imperial Jefferson.

COUNTY

STATE

21. I attended the deceased from Coroner's View. and last saw her alive on Mo.
Death occurred at 11:50 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL23b. DATE
2-27-6223c. NAME OF CEMETERY OR CREMATORY
CATHOLIC23d. LOCATION (City, town, or county)
CRYSTAL CITY, MO.

(State)

24. FUNERAL DIRECTOR

ADDRESS

GENTRY R. POLITTE CRYSTAL CITY, MO.

25. DATE RECD. BY LOCAL REG.

2-27-62

26. REGISTRAR'S SIGNATURE

Robert E. Bauer

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1962

MAY 1 1962
FEB 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Dentry R. Politt

Licensed Embalmer No.

3481

P. O. Address

Crystal C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.